

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/07/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BALLARD RESPIRATORY AND REHAB

**9300 BALLARD ROAD
DES PLAINES, IL 60016**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		
	<p>provide for discharge planning to the least restrictive setting based on the resident's care needs.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision</p>			

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S9999	Continued From page 2 and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on interview and record review, the facility failed to use two staff members when turning a resident's body from one side of the bed onto another side during care. This failure affected one of three residents (R1) reviewed for injury in a sample of three. This resulted in R1 falling from the bed after a staff member physically assisted R1 to turn in a bed and sustained a left distal femur fracture. Findings include: An accident/incident report with a signed date of 12/19/15 documented: R1 noted sitting on the floor with her back FN (front) upright position facing at the bed side. Patient accidentally slid down to the floor during CNA (certified nurse aide) patient care. Patient alert and oriented and complained of pain 7 out 10 (10 being the highest amount of pain)scale to her left knee. The accident/incident investigation form dated 12/19/15 documented R1 was in bed at the time of the fall incident . Also R1 was alert, oriented in all spheres with no change in functional , mental or behavioral status at the time of the incident. The report indicated R1 was at risk for falls and had a stroke (CVA) with flaccid hemiplegia affecting the right dominant side that predispose the resident to falls. R1's nurses notes dated 12/19/2015 17:10 hour	S9999		

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	<p>stated: Patient sent to hospital emergency room via ambulance for evaluation due to pain at left knee.</p> <p>The hospital's general diagnostic report with a procedure date/ time of 12/19/2015 18:50 hour reported R1 had a left distal femoral fracture. On 1-7-16 at 2:30 PM, E2 CNA (certified nurse aid) states she was going to check R1's diaper on the day of the incident involving R1. E2 states R1 was agreeable for a diaper check and peri care but refused to get up to wheelchair. While R1 was in the bed, E2 was on R1's right side performed the frontal peri care. E2 asked R1 to roll to her right side without help from another cna, E2 assisted R1 to turn left by pushing on R1's back. Immediately after the roll, R1's legs slid off the bed and R1 slid down to the floor in a sitting position. E2 was unable to catch or prevent R1 from sliding to the floor. According to E2, this was the first time working with R1. E2 received report that R1 can turn over with 1 person assist and would require 2 person assist with mechanical lift when transferring out of bed. E2 did not review the kardex. E2 did not remember reporting R1's right sided weakness. E2 states that if E2 would have known about the right sided weakness, she would have been on R1's left side during the turn.</p> <p>On 1-7-16 at 10:40 AM, E6 (physical therapist/PT) states she did the initial physical therapy evaluation. Based on the initial physical therapy evaluation dated 10-18-15 to 11-28-15, R1 is a total assist (2 person assist) with rolling side to side. For safety, 2 people should assist R1 with rolling side to side.</p> <p>On 1-7-15 at 12:19 PM, E5 (physical therapy aide) states based on documentation PT Discharge Summary dated 11-28-15 state R1 is two person max assist rolling to left and right. If the cna was not guarding the side the R1 was</p>				

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	<p>rolling toward, there is a safety risk.</p> <p>On 1-7-16 at 1:30 PM, E7 (restorative nurse) stated R1 is supposed to be 2 person assist especially with diagnoses of right hemi paresis, obesity, and generalized weakness. Depending on the time of day and condition of the R1, she can be 1 assist with bed mobility (side to side), but should be 2 person assist standard. R1's MDS bed mobility is 4 (dependent) /3 (2+ person assist). Even on good days, R1 should be 2 person assist. Nursing updates the kardex. Kardex dated 12-08 states 1 physical assist. E7 states kardex should indicate 1 or 2 person assist.</p> <p>R1's Physical Therapy Plan of Care dated 10-8-15 to 11-28-15 indicates Bed Mobility, Rolling side to side: Total Assistance (100% assist). PT Therapist Progress & Discharge Summary dated 11-28-15 indicates Bed Mobility-Rolling: Prior Level as of 11-24-15: requires max x 2 to roll towards the right side. End Goal Status as of 11-28-15: Goal Not Met. R1 requires max x 2 to roll towards the left side. Minimum Data Set dated 10-22-15 indicates Bed Mobility: Self Performance: 4 (total dependence), Support: 3 (two+ persons physical assist). R1's Kardex dated indicates ADL: Bed Mobility: total dependence (dated 12-8-15), 1 person physical assist.</p> <p>R1's minimum data set (MDS) assessment dated 10/22/15 indicated R1 had total dependence for bed mobility and need a two persons physical assist and had function limitation in range of motion on side of the body for the upper and lower extremities.</p> <p style="text-align: center;">(B)</p>				